



**CITY OF GREENVILLE
AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM**

Today's Date: _____

Name of Grievant: _____

Address of Grievant: _____

Telephone Number of Grievant: _____

Name, Address, and Telephone Number of Alternate Contact Person: _____

Agency alleged to have denied access:

Department: _____

Division: _____

Bureau or Office: _____

Location: _____

I was denied access on: _____ [date]

Disability Statement:

My disability is

This problem is: temporary_____ permanent_____

I am seeking access to the following City of Greenville program or activity in which I haven't been able to participate because I need an accommodation: _____

Proposed Access or Accommodation:

The accommodation I seek

Incident or Barrier:

Please describe the particular way in which you believe you have been denied the benefits of any services, program, or activity or have otherwise been subjected to discrimination. Please specify dates, times, and places of incidents, and names and/or positions of City employees involved, if any, as well as names, addresses and telephone numbers of any eyewitnesses to any such incident. Attach additional pages if necessary. Include a description of the way in which you feel access may be had to the benefits described above, or the way in which accommodation could be provided to allow access.

Fax this form to 864-298-2744
or Mail to:

Gloria T. Moody, ADA Coordinator
City of Greenville
Risk Management Division
PO Box 2207
Greenville, SC 29602